

FDOH-Clay County **Animal Bite/Exposure Report**

Phone: 904-529-2848 Fax: 904-529-1043

Information on Reporter of the Bite Date of Report: _____ Name of reporter: _____ Name of physician/facility: _____

Phone Number:

Victim Information		
Date of the bite/exposure:		
Name of the Victim: Age: Age:		
Sex: Male \square Female \square DOB: Age:		
Address of the victim:		
City/State/Zip:		
Name of parent or guardian:		
Home phone: Additional phone:		
Bite exposure □ Saliva in broken skin or mucous membrane □ or Both □		
Location of wound or membrane exposed and the extent of the injury:		
Briefly describe the circumstances of the exposure:		
Address where the exposure occurred:		
Has the exposed victim ever had a rabies vaccine: Yes \square No \square If yes, date:		
Did the victim receive medical attention: Yes \square No \square If yes, where:		
Date of last tetanus shot:		
Payment method: Health Insurance Medicaid/Medicare Self Pay Other:		
Animal Information		
Type of Animal: Dog Cat Raccoon Bat Other (Please specify): Sex: Male Female Unknown Age of animal: Unknown Breed/ Description of animal Did the animal appear healthy? Yes No Unknown Was the animal: Vaccinated Unvaccinated Unknown Was the animal a stray? Yes No Unknown If the animal was owned Name of Owner: Street address of owner: City/State/Zip: Home phone: Alternate phone: Where is the animal located now? (please specify): Street address of owner: City/State/S		
Please Notify Clay County Animal Control		
Have you notified Clay County Animal Control? Yes □ Date notified: Clay County Animal Control Phone: 904-269-6342 / Fax: 904-284-7812		



To be completed by the Clay County Health Department

Animal head tested? Yes □ No □ (If yes, Positive □ Negative □ Unsatisfactory □) Animal in quarantine? Yes □ No □ (If yes, last date of quarantine)	
Animal in quarantine? Yes □ No □ (If yes, last date of quarantine) Rabies PEP recommended? Yes □ No □ (If yes, report the case to Epi/ in Merlin) Date Given:	
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Rabies #1:	
Rabies #2:	
Rabies #3:	
Rabies #4:	
Rabies #5:	
Commants/Notas:	
Comments/Notes:	
nvestigator's Name:	
Oate Closed:/	